

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CML00878AC
	First Inventor:	Hammadou et al
	Title:	A PROGRAMMABLE SENSOR ARRAY
	Express Mail Label No.:	EU940605676US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="13"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Informal Drawing(s) Total Sheets <input type="text" value="4"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS



9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) ☒ Power of Attorney Statement (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ IDS ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="text"/>
Prior Appl. information:	Examiner: <input type="text"/>	Group/Art Unit: <input type="text"/>	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below
Name	Daniel K. Nichols	
Address	Motorola, Inc. - Law Department	
City	Schaumburg	State IL Zip Code 60196
Country	U.S.A.	Telephone _____ Fax _____
Name	Daniel K. Nichols	Registration No. 29,420
SIGNATURE 	Date	07/21/2003

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>			
		Application Number			
		Filing Date		07/21/2003	
		First Named Inventor		Tarik Hammadou	
		Examiner Name			
		Group Art Unit			
TOTAL AMOUNT OF PAYMENT		(\$) 844.00		Attorney Docket No. CML00878AC	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.				3. ADDITIONAL FEES <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> 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SUBMITTED BY Name (Print/Type) Daniel K. Nichols Signature 				Complete (if applicable) Registration No. 29,420 Telephone (847) 576-5219 Date 07/21/2003																																																																																																																																																													

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.
 *For Reissues, see above

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